

VACEP/BTLS Guest Faculty Credentials

BTLS Course #VA-_____

SSN or OEMS Certification# _____ - _____ - _____

Name _____

Address _____

City /State/Zip _____

Phone: Home (_____) _____ Work (_____) _____

Complete this portion if you have not attached a current CV or resume

BTLS Lecture (s) Presented

Background

Affiliation

Other or additional qualifications to present this topic

Faculty Signature

Date